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**\*BIBDATASHEET\***

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Bib Data Sheet

<b>SERIAL NUMBER</b> 10/823,253	<b>FILING OR 371(c) DATE</b> 04/12/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 10271-112-999
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/477,797 06/10/2003 and claims benefit of 60/462,259 04/11/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 06/17/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <u>[Signature]</u> Initials: <u>28</u>	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 110	<b>INDEPENDENT CLAIMS</b> 7
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**ADDRESS**  
20583

**TITLE**  
Recombinant IL-9 antibodies and uses thereof

<b>FILING FEE RECEIVED</b> 4602	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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